

METHODIST HOSPITAL OF CHICAGO

MEDICARE COST REPORT
YEAR ENDED SEPTEMBER 30, 2008

PROVIDER NO # 14-0197
PROVIDER NO # 14-5672

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-0197	I	FROM 10/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 9/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 2/25/2009 TIME 16:23

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

METHODIST HOSPITAL OF CHICAGO 14-0197

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 2/25/2009 TIME 16:23

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PI ENCRYPTION INFORMATION

DATE: 2/25/2009 TIME 16:23

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3		4	
1	HOSPITAL	0	1,336,205	-972	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	1,336,205	-972	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5025 NORTH PAULINA P.O. BOX:
1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60640- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	METHODIST HOSPITAL OF CHICAGO	14-0197		7/ 1/1966	N P N
06.00 HOSPITAL-BASED SNF	METHODIST HOSPITAL - SNF	14-5672		10/ 1/1989	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2007 TO: 9/30/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N N N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE
RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y"
FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT
IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913
FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR
THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.
ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE
OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL
INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER
THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR
TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE
OR TWO CHARACTER CODE IF RURAL BASED FACILITY 100 0.0000 1.0735
0.00 1 1600 16974

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN
INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE
USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL
EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN
3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES
ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	38.30%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.05%	Y
28.06 TRAINING	0.03%	Y
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO
IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO
YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR
NO IN COLUMN 2 N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

V	XVIII	XIX
1	2	3
N	Y	N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

		I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
COMPONENT		TITLE XIX OBSERVATION BEDS	TOTAL	TOTAL OBSERVATION BEDS	TOTAL	LESS I&R REPL		
		ADMITTED	NOT ADMITTED	ALL PATS	ADMITTED	NOT ADMITTED	TOTAL	NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			27,072				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			27,072				
6	INTENSIVE CARE UNIT			1,865				
12	TOTAL			28,937				
13	RPCH VISITS							
14	SUBPROVIDER							
15	SKILLED NURSING FACILITY			3,075				
25	TOTAL							
26	OBSERVATION BED DAYS		185	350		350		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

		I & R FTES	FULL TIME	EQUIV	DISCHARGES			
COMPONENT		NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					2,421	2,224	4,754
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
12	TOTAL		372.96			2,421	2,224	4,754
13	RPCH VISITS							
14	SUBPROVIDER							
15	SKILLED NURSING FACILITY		13.50					
25	TOTAL		386.46					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	18,467,332		18,467,332	803,847.25	22.97	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
6.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
7 PHYSICIAN - PART B						
8.01 NON-PHYSICIAN - PART B						
9 INTERNS & RESIDENTS (APPRVD)						
10.01 CONTRACT SERVICES, I&R						
11 HOME OFFICE PERSONNEL						
12 SNF	561,742		561,742	28,088.40	20.00	
13.01 EXCLUDED AREA SALARIES	416,681	-416,681				
14 OTHER WAGES & RELATED COSTS						
15 CONTRACT LABOR:	622,837		622,837	22,955.00	27.13	
16.01 PHARMACY SERVICES UNDER CONTRACT						
17.02 LABORATORY SERVICES UNDER CONTRACT						
18.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
19 CONTRACT LABOR: PHYS PART A						
20.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
21 HOME OFFICE SALARIES & WAGE RELATED COSTS						
22 HOME OFFICE: PHYS PART A						
23.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
24 WAGE RELATED COSTS						
25 WAGE-RELATED COSTS (CORE)	2,938,398		2,938,398			CMS 339
26 WAGE-RELATED COSTS (OTHER)						CMS 339
27 EXCLUDED AREAS	85,538		85,538			CMS 339
28 NON-PHYS ANESTHETIST PART A						CMS 339
29 NON-PHYS ANESTHETIST PART B						CMS 339
30 PHYSICIAN PART A						CMS 339
31.01 PART A TEACHING PHYSICIANS						CMS 339
32 PHYSICIAN PART B						CMS 339
33.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
34 INTERNS & RESIDENTS (APPRVD)						CMS 339
35 OVERHEAD COSTS - DIRECT SALARIES						
36 EMPLOYEE BENEFITS	144,460		144,460	6,156.30	23.47	
37 ADMINISTRATIVE & GENERAL	1,922,262		1,922,262	69,965.30	27.47	
38.01 A & G UNDER CONTRACT	197,484		197,484	4,110.00	48.05	
39 MAINTENANCE & REPAIRS						
40 OPERATION OF PLANT	1,096,220		1,096,220	61,398.60	17.85	
41 LAUNDRY & LINEN SERVICE						
42 HOUSEKEEPING	408,745		408,745	40,166.20	10.18	
43.01 HOUSEKEEPING UNDER CONTRACT						
44 DIETARY	818,502	-67,312	751,190	60,642.21	12.39	
45.01 DIETARY UNDER CONTRACT						
46 CAFETERIA	46,584	67,312	113,896	9,007.39	12.64	
47 MAINTENANCE OF PERSONNEL						
48 NURSING ADMINISTRATION	468,024		468,024	12,495.90	37.45	
49 CENTRAL SERVICE AND SUPPLY	107,581		107,581	9,281.50	11.59	
50 PHARMACY	367,151		367,151	12,252.60	29.97	
51 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	503,090		503,090	24,130.10	20.85	
52 SOCIAL SERVICE	305,976		305,976	16,746.70	18.27	
53 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	18,664,816		18,664,816	807,957.25	23.10	
2 EXCLUDED AREA SALARIES	978,423	-416,681	561,742	28,088.40	20.00	
3 SUBTOTAL SALARIES	17,686,393	416,681	18,103,074	779,868.85	23.21	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	622,837		622,837	22,955.00	27.13	
5 SUBTOTAL WAGE-RELATED COSTS	2,938,398		2,938,398		16.23	
6 TOTAL	21,247,628	416,681	21,664,309	802,823.85	26.99	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,386,079		6,386,079	326,352.80	19.57	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATAI PROVIDER NO:
I 14-0197
II PERIOD:
I FROM 10/ 1/2007
I TO 9/30/2008 II PREPARED 2/25/2009
I WORKSHEET S-7
I

GROUP(1) 1	M3PT REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		1				
5	RVB						
6	RVA		1				
6 .01	RVX						
6 .02	RVL						
7	RHC		42				
8	RHB		42				
9	RHA		162				
9 .01	RHX						
9 .02	RHL						
10	RMC		5				
11	RMB		36				
12	RMA		66				
12 .01	RMX		431				
12 .02	RML		629				
13	RLB						
14	RLA						
14 .01	RLX		14				
15	SE3		629				
16	SE2		461				
17	SE1						
18	SSC						
19	SSB						
20	SSA		484				
21	CC2						
22	CC1		13				
23	CB2						
24	CB1						
25	CA2						
26	CA1		31				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		3,047				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.0000
Wage Index Factor (after 10/01) : 1.0735
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : URBAN
SNF MSA Code : 1600
SNF CBSA Code : 16974

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED	2/25/2009
I 14-0197	I FROM 10/ 1/2007	I WORKSHEET	S-7
I	I TO 9/30/2008	I	

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	Default			
46	TOTAL			

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01)	:	0.0000
Wage Index Factor (after 10/01)	:	1.0735
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	URBAN
SNF MSA Code	:	1600
SNF CBSA Code	:	16974

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES 11,432,784

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 11,432,784

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
DIVIDED BY COLUMN 8, LINE 103) .418331

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
(LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 30,905,600

Health Financial Systems	MCRIF32	FOR METHODIST HOSPITAL OF CHICAGO	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
		I PROVIDER NO:	I PERIOD:
		I 14-0197	I FROM 10/ 1/2007
		I	I TO 9/30/2008
		I	I

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	12,928,771
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,775,749
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,161,182
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,928,771

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0197
II PERIOD:
I FROM 10/ 1/2007
I TO 9/30/2008I PREPARED 2/25/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		1,346,160	1,346,160	-1,346,160	
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				993,516	993,516
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				515,709	515,709
5	0500	EMPLOYEE BENEFITS	144,460	1,093,714	1,238,174	553,012	1,791,186
6.01	0610	NONPATIENT TELEPHONES	104,235	196,317	300,552		300,552
6.02	0620	DATA PROCESSING	197,059	151,927	348,986		348,986
6.03	0630	PURCHASING, RECEIVING AND STORES	254,782	-68,892	185,890		185,890
6.04	0640	ADMITTING	217,810	34,115	251,925		251,925
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	307,769	119,741	427,510		427,510
6.06	0660	ADMINISTRATIVE AND GENERAL	840,607	2,767,684	3,608,291	-604,898	3,003,393
8	0800	OPERATION OF PLANT	1,096,220	1,679,905	2,776,125	-2	2,776,123
9	0900	LAUNDRY & LINEN SERVICE		228,333	228,333		228,333
10	1000	HOUSEKEEPING	408,745	167,646	576,391	-22	576,369
11	1100	DIETARY	818,502	364,996	1,183,498	-184,391	999,107
12	1200	CAFETERIA	46,584	18,230	64,814	169,345	234,159
14	1400	NURSING ADMINISTRATION	468,024	427,299	895,323	-1,530	893,793
15	1500	CENTRAL SERVICES & SUPPLY	107,581	329,471	437,052	-206,205	230,847
16	1600	PHARMACY	367,151	1,885,090	2,252,241	-1,838,689	413,552
17	1700	MEDICAL RECORDS & LIBRARY	503,090	154,493	657,583		657,583
18	1800	SOCIAL SERVICE	305,976	59,955	365,931		365,931
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	6,826,432	1,367,281	8,193,713	-1,244,235	6,949,478
26	2600	INTENSIVE CARE UNIT				1,146,167	1,146,167
31	3100	SUBPROVIDER					
34	3400	SKILLED NURSING FACILITY	561,742	169,561	731,303	-12,547	718,756
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	793,139	537,909	1,331,048		1,331,048
40	4000	ANESTHESIOLOGY	46,370	117,082	163,452	-13,232	150,220
41	4100	RADIOLOGY-DIAGNOSTIC	597,835	550,367	1,148,202	-5,185	1,143,017
44	4400	LABORATORY	758,765	1,157,306	1,916,071	-50	1,916,021
49	4900	RESPIRATORY THERAPY	658,423	166,257	824,680	-30,375	794,305
50	5000	PHYSICAL THERAPY	243,138	35,805	278,943	-18	278,925
53	5300	ELECTROCARDIOLOGY	140,131	95,025	235,156	-885	234,271
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				395,211	395,211
56	5600	DRUGS CHARGED TO PATIENTS				1,838,643	1,838,643
57	5700	RENAL DIALYSIS		63,841	63,841		63,841
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	6001	PARTIAL HOSPITALIZATION	98,012	23,444	121,456	-144	121,312
61	6100	EMERGENCY	1,138,069	164,555	1,302,624	717,593	2,020,217
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
70	7000	I&R SERVICES-NOT APPRVD PRGM	416,681	312,768	729,449	-729,449	
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		111,179	111,179	-111,179	
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	18,467,332	15,828,564	34,295,896	-0-	34,295,896
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES					
101		TOTAL	18,467,332	15,828,564	34,295,896	-0-	34,295,896

98	9800	PHYSICIANS	PRIVATE OFFICES		
101		TOTAL		-568,661	33,727,235

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PARTIAL HOSPITALIZATION	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140197

PERIOD:

FROM 10/ 1/2007
TO 9/30/2008PREPARED 2/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
1 DRUGS	B	DRUGS CHARGED TO PATIENTS	56			1,838,643
2 EMPLOYEE MEALS	C	CAFETERIA	12		67,312	102,033
3 INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4			111,179
4 PROFESSIONAL & HOUSE STAFF	E	EMERGENCY	61		416,681	312,768
5 PROPERTY INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3			51,886
6 WORKER'S COMP INSURANCE	G	EMPLOYEE BENEFITS	5			29,538
7 DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3			941,630
8		NEW CAP REL COSTS-MVBLE EQUIP	4			404,530
9 MED SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			395,211
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25 CORPORATE TRANSFERS (FRINGE BEN)	J	EMPLOYEE BENEFITS	5			523,474
26 SHARED STAFF (TELEMETRY/ICU)	K	INTENSIVE CARE UNIT	26		972,281	173,886
36 TOTAL RECLASSIFICATIONS					1,456,274	4,884,778

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140197

PERIOD:

FROM 10/ 1/2007
TO 9/30/2008PREPARED 2/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DRUGS	B	PHARMACY	16		1,838,643	
2 EMPLOYEE MEALS	C	DIETARY	11	67,312	102,033	
3 INTEREST EXPENSE	D	INTEREST EXPENSE	88		111,179	11
4 PROFESSIONAL & HOUSE STAFF	E	I&R SERVICES-NOT APPRVD PRGM	70	416,681	312,768	
5 PROPERTY INSURANCE	F	ADMINISTRATIVE AND GENERAL	6.06		51,886	12
6 WORKER'S COMP INSURANCE	G	ADMINISTRATIVE AND GENERAL	6.06		29,538	
7 DEPRECIATION	H	OLD CAP REL COSTS-BLDG & FIXT	1		1,346,160	9
8						9
9 MED SUPPLIES	I	OPERATION OF PLANT	8		2	
10		HOUSEKEEPING	10		22	
11		DIETARY	11		15,046	
12		NURSING ADMINISTRATION	14		1,530	
13		CENTRAL SERVICES & SUPPLY	15		206,205	
14		PHARMACY	16		46	
15		ADULTS & PEDIATRICS	25		98,068	
16		SKILLED NURSING FACILITY	34		12,547	
17		ANESTHESIOLOGY	40		13,232	
18		RADIOLOGY-DIAGNOSTIC	41		5,185	
19		LABORATORY	44		50	
20		RESPIRATORY THERAPY	49		30,375	
21		PHYSICAL THERAPY	50		18	
22		ELECTROCARDIOLOGY	53		885	
23		PARTIAL HOSPITALIZATION	60.01		144	
24		EMERGENCY	61		11,856	
25 CORPORATE TRANSFERS (FRINGE BEN)	J	ADMINISTRATIVE AND GENERAL	6.06		523,474	
26 SHARED STAFF (TELEMETRY/ICU)	K	ADULTS & PEDIATRICS	25	972,281	173,886	
36 TOTAL RECLASSIFICATIONS				1,456,274	4,884,778	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140197

PERIOD:

FROM 10/ 1/2007

TO 9/30/2008

PREPARED 2/25/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,838,643
TOTAL RECLASSIFICATIONS FOR CODE B			1,838,643

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,838,643	
			1,838,643

RECLASS CODE: C
EXPLANATION : EMPLOYEE MEALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	169,345
TOTAL RECLASSIFICATIONS FOR CODE C			169,345

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	169,345	
			169,345

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	111,179
TOTAL RECLASSIFICATIONS FOR CODE D			111,179

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	111,179	
			111,179

RECLASS CODE: E
EXPLANATION : PROFESSIONAL & HOUSE STAFF

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	729,449
TOTAL RECLASSIFICATIONS FOR CODE E			729,449

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-NOT APPRVD PRGM	70	729,449	
			729,449

RECLASS CODE: F
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	51,886
TOTAL RECLASSIFICATIONS FOR CODE F			51,886

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE AND GENERAL	6.06	51,886	
			51,886

RECLASS CODE: G
EXPLANATION : WORKER'S COMP INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	29,538
TOTAL RECLASSIFICATIONS FOR CODE G			29,538

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE AND GENERAL	6.06	29,538	
			29,538

RECLASS CODE: H
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	941,630
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	404,530
TOTAL RECLASSIFICATIONS FOR CODE H			1,346,160

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	1,346,160	
			0
			1,346,160

RECLASS CODE: I
EXPLANATION : MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	395,211
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	2	
HOUSEKEEPING	10	22	
DIETARY	11	15,046	
NURSING ADMINISTRATION	14	1,530	
CENTRAL SERVICES & SUPPLY	15	206,205	
PHARMACY	16	46	
ADULTS & PEDIATRICS	25	98,068	
SKILLED NURSING FACILITY	34	12,547	
ANESTHESIOLOGY	40	13,232	
RADIOLOGY-DIAGNOSTIC	41	5,185	
LABORATORY	44	50	

RECLASSIFICATIONS

PROVIDER NO:
140197

PERIOD:

FROM 10/ 1/2007

TO 9/30/2008

PREPARED 2/25/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : MED SUPPLIES

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
12.00			
13.00			
14.00			
15.00			
16.00			
TOTAL RECLASSIFICATIONS FOR CODE I			395,211

RECLASS CODE: J
EXPLANATION : CORPORATE TRANSFERS (FRINGE BEN)

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS		
TOTAL RECLASSIFICATIONS FOR CODE J			523,474

RECLASS CODE: K
EXPLANATION : SHARED STAFF (TELEMETRY/ICU)

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT		
TOTAL RECLASSIFICATIONS FOR CODE K			1,146,167

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,253,407					1,253,407	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	1,253,407					1,253,407	
8	RECONCILING ITEMS							
9	TOTAL	1,253,407					1,253,407	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS	1,299,935					1,299,935	
3	BUILDINGS & FIXTURE	21,508,853	586,777		586,777		22,095,630	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	8,844,834	983,835		983,835		9,828,669	
6	MOVABLE EQUIPMENT	10,715,833	822,478		822,478		11,538,311	
7	SUBTOTAL	42,369,455	2,393,090		2,393,090		44,762,545	
8	RECONCILING ITEMS							
9	TOTAL	42,369,455	2,393,090		2,393,090		44,762,545	

Health Financial Systems MCRIF32
RECONCILIATION OF CAPITAL COSTS CENTERS

FOR METHODIST HOSPITAL OF CHICAGO

I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009
I 14-0197 I FROM 10/ 1/2007 I WORKSHEET A-7
I I TO 9/30/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	5	6	7	8
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	33,224,234		33,224,234				
4	NEW CAP REL COSTS-MV	11,538,311		11,538,311				
5	TOTAL	44,762,545		44,762,545				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	941,630			51,886			993,516
4	NEW CAP REL COSTS-MV	404,530						404,530
5	TOTAL	1,346,160			51,886			1,398,046

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,346,160						1,346,160
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,346,160						1,346,160

- * All lines numbers except line 5 are to be consistent with workseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-0197

I

I PERIOD:

I FROM 10/ 1/2007

I TO

9/30/2008

I

I PREPARED 2/25/2009

I WORKSHEET A-8

DESCRIPTION (1)			(2)	EXPENSE CLASSIFICATION ON		WORKSHEET A TO/FROM WHICH THE	WKST.
			BASIS/CODE	AMOUNT	AMOUNT IS TO BE ADJUSTED	COST CENTER	A-7
			1	2		3	REF.
						LINE NO	5
						4	
1	INVST INCOME-OLD BLDGS AND FIXTURES				OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP				OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES				NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	A	-111,179		NEW CAP REL COSTS-MVBLE E	4	11
5	INVESTMENT INCOME-OTHER						
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES	B	-23,616		ADMINISTRATIVE AND GENERA	6.06	
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES	A	-43,286		NONPATIENT TELEPHONES	6.01	
10	TELEVISION AND RADIO SERVICE						
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,177,020				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-151,656		DIETARY	11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,143		MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22	VENDING MACHINES						
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4			RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4			PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP				UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES				OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP				OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES				NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP				NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST				**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4			**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4			**COST CENTER DELETED**	52	
37	HOSPITAL SPECIAL REV	B	-50		ADMINISTRATIVE AND GENERA	6.06	
38	PASTORAL CARE	A	-1,552		ADMINISTRATIVE AND GENERA	6.06	
39	MEALS OFFSET (HOME)	B	-107,900		DIETARY	11	
40	COMM OUTREACH (PR)	A	-207,805		ADMINISTRATIVE AND GENERA	6.06	
41	MARKETING/ADVERTISING/PR	A	-8,276		EMPLOYEE BENEFITS	5	
42	MARKETING/ADVERTISING/PR	A	-7,088		NONPATIENT TELEPHONES	6.01	
43	NON ALLOWABLE LEGAL FEES	A	-47,453		ADMINISTRATIVE AND GENERA	6.06	
44	CORPORATE FINANCE EXP	A	563,673		ADMINISTRATIVE AND GENERA	6.06	
45	CORPORATE FINANCE BENEFITS	A	88,992		EMPLOYEE BENEFITS	5	
46	RADIOLOGY MISC INCOME	B	-1,305		RADIOLOGY-DIAGNOSTIC	41	
47	FRINGE BENEFITS (F/S AUDIT)	A	73,306		EMPLOYEE BENEFITS	5	
48	WORKER'S COMP EXP (F/S AUDIT)	A	-117,303		EMPLOYEE BENEFITS	5	
49	ADMIN LICENSE/TAX EXP (F/S AUDIT)	A	716,000		ADMINISTRATIVE AND GENERA	6.06	
49.01							
49.02							
50	TOTAL (SUM OF LINES 1 THRU 49)		-568,661				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL	PROFES-	PROVIDER	RCE	PHYSICIAN/ PROVIDER	UNADJUSTED	5 PERCENT OF
LINE NO.	IDENTIFIER	REMUN- ERATION	SIONAL COMPONENT	COMPONENT	AMOUNT	COMPONENT HOURS	RCE LIMIT	UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDS (AGGREGATE)	116,150	116,150					
2 37	OPERATING ROOM (AGGREGATE)	15,000	15,000					
3 40	ANESTHESIA (AGGREGATE)	67,500	67,500					
4 44	LABORATORY (AGGREGATE)	160,096	160,096					
5 53	EKG (AGGREGATE)	56,350	56,350					
6 61	EMERGENCY (AGGREGATE)	761,924	761,924					
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,177,020	1,177,020					

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDS (AGGREGATE)							116,150
2 37	OPERATING ROOM (AGGREGATE)							15,000
3 40	ANESTHESIA (AGGREGATE)							67,500
4 44	LABORATORY (AGGREGATE)							160,096
5 53	EKG (AGGREGATE)							56,350
6 61	EMERGENCY (AGGREGATE)							761,924
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							1,177,020

COST ALLOCATION STATISTICS

I PROVIDER NO:
I 14-0197
II PERIOD:
I FROM 10/ 1/2007
I TO 9/30/2008 II PREPARED 2/25/2009
I NOT A CMS WORKSHEET
I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	6	NUMBER OF	PHONES	ENTERED
6.02	DATA PROCESSING	7	MACHINE	TIME	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	8	SUPPLIES	EXPENSE	ENTERED
6.04	ADMITTING	9	INPATIENT	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	10	GROSS	CHARGES	ENTERED
6.06	ADMINISTRATIVE AND GENERAL	-11	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	15	HOURS OF	SERVICE	ENTERED
11	DIETARY	16	MEALS	SERVED	ENTERED
12	CAFETERIA	17	FTE		ENTERED
14	NURSING ADMINISTRATION	19	DIRECT	NRSNG SALAR	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	COSTED	REQUISITIO	ENTERED
16	PHARMACY	21	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	22	PATIENT	DAYS	ENTERED
18	SOCIAL SERVICE	22	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:

I 14-0197

I PERIOD:

I FROM 10/ 1/2007

I TO 9/30/2008

I PREPARED 2/25/2009

I WORKSHEET B

I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	993,516			993,516			
005 NEW CAP REL COSTS-MVBLE E	404,530				404,530		
006 EMPLOYEE BENEFITS	1,827,905			10,238	1,557	1,839,700	
006 01 NONPATIENT TELEPHONES	250,178			5,511	1,716	10,950	268,355
006 02 DATA PROCESSING	348,986			5,102	53,842	20,702	6,545
006 03 PURCHASING, RECEIVING AND	185,890			11,944	5,337	26,766	9,818
006 04 ADMITTING	251,925			6,808	1,563	22,882	4,909
006 05 CASHIERING/ACCOUNTS RECEI	427,510			9,615	115	32,333	16,363
006 06 ADMINISTRATIVE AND GENERA	4,002,590			119,346	12,748	88,310	47,452
008 OPERATION OF PLANT	2,776,123			123,262	31,142	115,163	14,727
009 LAUNDRY & LINEN SERVICE	228,333			2,269			1,636
010 HOUSEKEEPING	576,369			13,300	537	42,941	3,273
011 DIETARY	739,551			64,907	7,055	78,916	13,090
012 CAFETERIA	234,159			21,678	54	11,965	9,818
014 NURSING ADMINISTRATION	893,793			3,788	6,188	49,168	13,090
015 CENTRAL SERVICES & SUPPLY	230,847			29,177	1,895	11,302	3,273
016 PHARMACY	413,552			8,284		38,571	4,909
017 MEDICAL RECORDS & LIBRARY	652,440			14,597	5,232	52,852	14,727
018 SOCIAL SERVICE	365,931			10,408	432	32,144	8,182
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,833,328			296,698	64,922	611,420	17,999
031 INTENSIVE CARE UNIT	1,146,167			15,058	10,670	102,143	3,273
034 SUBPROVIDER							
037 SKILLED NURSING FACILITY	718,756			54,021	12,202	59,014	3,273
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	1,316,048			67,227	30,341	81,747	8,182
044 ANESTHESIOLOGY	82,720				5,047	4,871	3,273
049 RADIOLOGY-DIAGNOSTIC	1,141,712			30,935	108,451	62,806	17,999
050 LABORATORY	1,755,925			14,375	8,017	79,712	16,363
053 RESPIRATORY THERAPY	794,305			7,183	15,608	69,171	6,545
055 PHYSICAL THERAPY	278,925			10,579	951	25,543	3,273
056 ELECTROCARDIOLOGY	177,921			7,789	9,994	14,721	1,636
057 MEDICAL SUPPLIES CHARGED	395,211						
060 DRUGS CHARGED TO PATIENTS	1,838,643						
060 01 RENAL DIALYSIS	63,841						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 PARTIAL HOSPITALIZATION	121,312			9,308	206	10,297	
061 EMERGENCY	1,258,293			18,232	8,708	83,290	14,727
062 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	33,727,235			991,639	404,530	1,839,700	268,355
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,877			
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	33,727,235			993,516	404,530	1,839,700	268,355

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
		6.02	6.03	6.04	6.05	6a.05	6.06	8
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING	435,177						
006 03	PURCHASING, RECEIVING AND	14,842	254,597					
006 04	ADMITTING	43,465	1,067	332,619				
006 05	CASHIERING/ACCOUNTS RECEI	45,585	633		532,154			
006 06	ADMINISTRATIVE AND GENERA	167,497	1,045			4,438,988	4,438,988	
008	OPERATION OF PLANT		21,360			3,081,777	467,080	3,548,857
009	LAUNDRY & LINEN SERVICE					232,238	35,198	11,477
010	HOUSEKEEPING		6,477			642,897	97,439	67,268
011	DIETARY		89,916			993,435	150,567	328,272
012	CAFETERIA		1,250			278,924	42,274	109,640
014	NURSING ADMINISTRATION	44,525	1,694			1,012,246	153,418	19,158
015	CENTRAL SERVICES & SUPPLY		25,912			302,406	45,833	147,567
016	PHARMACY	22,792	820			488,928	74,103	41,897
017	MEDICAL RECORDS & LIBRARY	27,563	1,240			768,651	116,498	73,827
018	SOCIAL SERVICE		598			417,695	63,307	52,641
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS		16,160	102,350	139,261	8,082,138	1,224,951	1,500,564
031	INTENSIVE CARE UNIT		3,027	12,610	17,158	1,310,106	198,562	76,157
034	SUBPROVIDER							
037	SKILLED NURSING FACILITY		2,157	7,144	9,720	866,287	131,296	273,215
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM		36,445	8,485	28,671	1,577,146	239,035	340,008
044	ANESTHESIOLOGY		1,539	2,209	6,894	106,553	16,149	
049	RADIOLOGY-DIAGNOSTIC	16,962	2,647	19,976	40,155	1,441,643	218,498	156,456
050	LABORATORY	51,946	32,931	58,641	102,896	2,120,806	321,434	72,705
053	RESPIRATORY THERAPY		3,386	37,586	52,933	986,717	149,549	36,331
056	PHYSICAL THERAPY		75	2,617	3,898	325,861	49,388	53,504
057	ELECTROCARDIOLOGY		314	8,104	13,737	234,216	35,498	39,394
060	MEDICAL SUPPLIES CHARGED			13,061	18,312	426,584	64,654	
061	DRUGS CHARGED TO PATIENTS			51,638	74,276	1,964,557	297,752	
062	RENAL DIALYSIS			395	538	64,774	9,817	
066	OUTPAT SERVICE COST CNTRS							
066 01	CLINIC							
061	PARTIAL HOSPITALIZATION		273		6,680	148,076	22,443	47,075
062	EMERGENCY		3,631	7,803	17,025	1,411,709	213,961	92,208
070	OBSERVATION BEDS (NON-DIS							
095	OTHER REIMBURS COST CNTRS							
096	I&R SERVICES-NOT APPRVD P							
098	SPEC PURPOSE COST CENTERS							
101	SUBTOTALS	435,177	254,597	332,619	532,154	33,725,358	4,438,704	3,539,364
102	NONREIMBURS COST CENTERS							
103	GIFT, FLOWER, COFFEE SHOP					1,877	284	9,493
104	PHYSICIANS' PRIVATE OFFIC							
105	CROSS FOOT ADJUSTMENT							
106	NEGATIVE COST CENTER							
107	TOTAL	435,177	254,597	332,619	532,154	33,727,235	4,438,988	3,548,857

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 ADMINISTRATIVE AND GENERA							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	278,913						
010	HOUSEKEEPING	913	808,517					
011	DIETARY		23,311	1,495,585				
012	CAFETERIA	913	1,590		433,341			
014	NURSING ADMINISTRATION		11,776		9,734	1,206,332		
015	CENTRAL SERVICES & SUPPLY		13,507		7,224	11,767	528,304	
016	PHARMACY	913			9,540			615,381
017	MEDICAL RECORDS & LIBRARY		5,375		18,788	33,774		
018	SOCIAL SERVICE				13,038			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	170,798	380,284	1,256,860	201,697	648,288		
026	INTENSIVE CARE UNIT	16,248	26,814	72,162	27,680	159,547		
031	SUBPROVIDER							
034	SKILLED NURSING FACILITY	22,547	62,243	166,563	21,865	88,609		
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	17,397	129,740		19,404	97,334		
040	ANESTHESIOLOGY				583	8,669		
041	RADIOLOGY-DIAGNOSTIC	10,997	33,114		18,237	4,026		
044	LABORATORY		39,737		30,725	4,469		
049	RESPIRATORY THERAPY	913	10,589		21,914	2,969		
050	PHYSICAL THERAPY	8,123	12,280		4,648			
053	ELECTROCARDIOLOGY	18,514			4,924			
055	MEDICAL SUPPLIES CHARGED						528,304	
056	DRUGS CHARGED TO PATIENTS							615,381
057	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 PARTIAL HOSPITALIZATION				3,693	195		
061	EMERGENCY	10,637	53,245		19,647	146,685		
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
070	I&R SERVICES-NOT APPRVD P							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	278,913	803,605	1,495,585	433,341	1,206,332	528,304	615,381
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		4,912					
098	PHYSICIANS' PRIVATE OFFIC							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	278,913	808,517	1,495,585	433,341	1,206,332	528,304	615,381

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		17	18	25	26	27
001	GENERAL SERVICE COST CNTR					
002	OLD CAP REL COSTS-BLDG &					
003	OLD CAP REL COSTS-MVBLE E					
004	NEW CAP REL COSTS-BLDG &					
005	NEW CAP REL COSTS-MVBLE E					
006	EMPLOYEE BENEFITS					
006	01 NONPATIENT TELEPHONES					
006	02 DATA PROCESSING					
006	03 PURCHASING, RECEIVING AND					
006	04 ADMITTING					
006	05 CASHIERING/ACCOUNTS RECEI					
006	06 ADMINISTRATIVE AND GENERA					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY	1,016,913				
018	SOCIAL SERVICE		546,681			
025	INPAT ROUTINE SRVC CNTRS					
026	ADULTS & PEDIATRICS	859,986	462,319	14,787,885		14,787,885
031	INTENSIVE CARE UNIT	59,245	31,849	1,978,370		1,978,370
034	SUBPROVIDER					
037	SKILLED NURSING FACILITY	97,682	52,513	1,782,820		1,782,820
040	ANCILLARY SRVC COST CNTRS					
041	OPERATING ROOM			2,420,064		2,420,064
044	ANESTHESIOLOGY			131,954		131,954
049	RADIOLOGY-DIAGNOSTIC			1,882,971		1,882,971
050	LABORATORY			2,589,876		2,589,876
053	RESPIRATORY THERAPY			1,208,982		1,208,982
055	PHYSICAL THERAPY			453,804		453,804
056	ELECTROCARDIOLOGY			332,546		332,546
057	MEDICAL SUPPLIES CHARGED			1,019,542		1,019,542
060	DRUGS CHARGED TO PATIENTS			2,877,690		2,877,690
061	RENAL DIALYSIS			74,591		74,591
062	OUTPAT SERVICE COST CNTRS					
066	CLINIC					
067	01 PARTIAL HOSPITALIZATION			221,482		221,482
068	EMERGENCY			1,948,092		1,948,092
070	OBSERVATION BEDS (NON-DIS					
071	OTHER REIMBURS COST CNTRS					
072	I&R SERVICES-NOT APPRVD P					
073	SPEC PURPOSE COST CENTERS					
074	SUBTOTALS	1,016,913	546,681	33,710,669		33,710,669
075	NONREIMBURS COST CENTERS					
076	GIFT, FLOWER, COFFEE SHOP			16,566		16,566
077	PHYSICIANS' PRIVATE OFFIC					
078	CROSS FOOT ADJUSTMENT					
079	NEGATIVE COST CENTER					
080	TOTAL	1,016,913	546,681	33,727,235		33,727,235

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009
 I 14-0197 I FROM 10/ 1/2007 I WORKSHEET B
 I I TO 9/30/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				10,238	1,557	11,795	11,795
006 01 NONPATIENT TELEPHONES				5,511	1,716	7,227	70
006 02 DATA PROCESSING				5,102	53,842	58,944	133
006 03 PURCHASING, RECEIVING AND	1,471			11,944	5,337	18,752	172
006 04 ADMITTING				6,808	1,563	8,371	147
006 05 CASHIERING/ACCOUNTS RECEI	2,105			9,615	115	11,835	207
006 06 ADMINISTRATIVE AND GENERA				119,346	12,748	132,094	567
008 OPERATION OF PLANT				123,262	31,142	154,404	739
009 LAUNDRY & LINEN SERVICE				2,269		2,269	
010 HOUSEKEEPING				13,300	537	13,837	275
011 DIETARY				64,907	7,055	71,962	506
012 CAFETERIA				21,678	54	21,732	77
014 NURSING ADMINISTRATION				3,788	6,188	9,976	315
015 CENTRAL SERVICES & SUPPLY	14,313			29,177	1,895	45,385	73
016 PHARMACY				8,284		8,284	247
017 MEDICAL RECORDS & LIBRARY				14,597	5,232	19,829	339
018 SOCIAL SERVICE				10,408	432	10,840	206
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				296,698	64,922	361,620	3,917
026 INTENSIVE CARE UNIT				15,058	10,670	25,728	655
031 SUBPROVIDER							
034 SKILLED NURSING FACILITY				54,021	12,202	66,223	379
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	156			67,227	30,341	97,724	524
041 ANESTHESIOLOGY	3,877				5,047	8,924	31
041 RADIOLOGY-DIAGNOSTIC	1,175			30,935	108,451	140,561	403
044 LABORATORY	85,347			14,375	8,017	107,739	511
049 RESPIRATORY THERAPY	53,670			7,183	15,608	76,461	444
050 PHYSICAL THERAPY				10,579	951	11,530	164
053 ELECTROCARDIOLOGY				7,789	9,994	17,783	94
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PARTIAL HOSPITALIZATION				9,308	206	9,514	66
061 EMERGENCY				18,232	8,708	26,940	534
062 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
I&R SERVICES-NOT APPRVD P							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	162,114			991,639	404,530	1,558,283	11,795
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,877		1,877	
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	162,114			993,516	404,530	1,560,160	11,795

COST CENTER DESCRIPTION		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
		6.01	6.02	6.03	6.04	6.05	6.06	8
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES	7,297						
006 02	DATA PROCESSING	178	59,255					
006 03	PURCHASING, RECEIVING AND	267	2,021	21,212				
006 04	ADMITTING	133	5,918	89	14,658			
006 05	CASHIERING/ACCOUNTS RECEI	445	6,207	53		18,747		
006 06	ADMINISTRATIVE AND GENERA	1,295	22,807	87			156,850	
008	OPERATION OF PLANT	400		1,780			16,503	173,826
009	LAUNDRY & LINEN SERVICE	44					1,244	562
010	HOUSEKEEPING	89		540			3,443	3,295
011	DIETARY	356		7,491			5,320	16,079
012	CAFETERIA	267		104			1,494	5,370
014	NURSING ADMINISTRATION	356	6,063	141			5,421	938
015	CENTRAL SERVICES & SUPPLY	89		2,159			1,619	7,228
016	PHARMACY	133	3,103	68			2,618	2,052
017	MEDICAL RECORDS & LIBRARY	400	3,753	103			4,116	3,616
018	SOCIAL SERVICE	222		50			2,237	2,578
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	489		1,346	4,494	4,876	43,289	73,500
026	INTENSIVE CARE UNIT	89		252	557	606	7,016	3,730
031	SUBPROVIDER							
034	SKILLED NURSING FACILITY	89		180	315	343	4,639	13,382
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	222		3,036	375	1,012	8,446	16,654
040	ANESTHESIOLOGY	89		128	97	243	571	
041	RADIOLOGY-DIAGNOSTIC	489	2,310	221	882	1,418	7,720	7,663
044	LABORATORY	445	7,073	2,744	2,588	3,633	11,357	3,561
049	RESPIRATORY THERAPY	178		282	1,659	1,869	5,284	1,780
050	PHYSICAL THERAPY	89		6	116	138	1,745	2,621
053	ELECTROCARDIOLOGY	44		26	358	485	1,254	1,930
055	MEDICAL SUPPLIES CHARGED				577	646	2,284	
056	DRUGS CHARGED TO PATIENTS				2,279	2,622	10,520	
057	RENAL DIALYSIS				17	19	347	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	PARTIAL HOSPITALIZATION			23		236	793	2,306
061	EMERGENCY	400		303	344	601	7,560	4,516
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
070	I&R SERVICES-NOT APPRVD P							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	7,297	59,255	21,212	14,658	18,747	156,840	173,361
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						10	465
098	PHYSICIANS' PRIVATE OFFIC							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	7,297	59,255	21,212	14,658	18,747	156,850	173,826

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	ADMINISTRATIVE AND GENERA							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	4,119						
010	HOUSEKEEPING	13	21,492					
011	DIETARY		620	102,334				
012	CAFETERIA	13	42		29,099			
014	NURSING ADMINISTRATION		313		654	24,177		
015	CENTRAL SERVICES & SUPPLY		359		485	236	57,633	
016	PHARMACY	13			641			17,159
017	MEDICAL RECORDS & LIBRARY		143		1,262	677		
018	SOCIAL SERVICE				876			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,525	10,109	85,999	13,542	12,990		
026	INTENSIVE CARE UNIT	240	713	4,938	1,859	3,198		
031	SUBPROVIDER							
034	SKILLED NURSING FACILITY	333	1,655	11,397	1,468	1,776		
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	257	3,449		1,303	1,951		
040	ANESTHESIOLOGY				39	174		
041	RADIOLOGY-DIAGNOSTIC	162	880		1,225	81		
044	LABORATORY		1,056		2,063	90		
049	RESPIRATORY THERAPY	13	281		1,472	60		
050	PHYSICAL THERAPY	120	326		312			
053	ELECTROCARDIOLOGY	273			331			
055	MEDICAL SUPPLIES CHARGED						57,633	
056	DRUGS CHARGED TO PATIENTS							17,159
057	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	PARTIAL HOSPITALIZATION				248	4		
061	EMERGENCY	157	1,415		1,319	2,940		
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
070	I&R SERVICES-NOT APPRVD P							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	4,119	21,361	102,334	29,099	24,177	57,633	17,159
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		131					
098	PHYSICIANS' PRIVATE OFFIC							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	4,119	21,492	102,334	29,099	24,177	57,633	17,159

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	18	25	26	27
	GENERAL SERVICE COST CNTR					
001	OLD CAP REL COSTS-BLDG &					
002	OLD CAP REL COSTS-MVBLE E					
003	NEW CAP REL COSTS-BLDG &					
004	NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006	01 NONPATIENT TELEPHONES					
006	02 DATA PROCESSING					
006	03 PURCHASING, RECEIVING AND					
006	04 ADMITTING					
006	05 CASHIERING/ACCOUNTS RECEI					
006	06 ADMINISTRATIVE AND GENERA					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY	34,238				
018	SOCIAL SERVICE		17,009			
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS	28,954	14,384	662,034		662,034
026	INTENSIVE CARE UNIT	1,995	991	52,567		52,567
031	SUBPROVIDER					
034	SKILLED NURSING FACILITY	3,289	1,634	107,102		107,102
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			134,953		134,953
040	ANESTHESIOLOGY			10,296		10,296
041	RADIOLOGY-DIAGNOSTIC			164,015		164,015
044	LABORATORY			142,860		142,860
049	RESPIRATORY THERAPY			89,783		89,783
050	PHYSICAL THERAPY			17,167		17,167
053	ELECTROCARDIOLOGY			22,578		22,578
055	MEDICAL SUPPLIES CHARGED			61,140		61,140
056	DRUGS CHARGED TO PATIENTS			32,580		32,580
057	RENAL DIALYSIS			383		383
	OUTPAT SERVICE COST CNTRS					
060	CLINIC					
060	01 PARTIAL HOSPITALIZATION			13,190		13,190
061	EMERGENCY			47,029		47,029
062	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
070	I&R SERVICES-NOT APPRVD P					
	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS	34,238	17,009	1,557,677		1,557,677
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			2,483		2,483
098	PHYSICIANS' PRIVATE OFFIC					
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL	34,238	17,009	1,560,160		1,560,160

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES
		(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE	(GROSS)SALARIES	(NUMBER OF)PHONES
		1	2	3	4	5	6.01
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	116,454					
003	OLD CAP REL COSTS-MVB			116,454			
004	NEW CAP REL COSTS-BLD				408,773		
005	NEW CAP REL COSTS-MVB				1,573	17,511,715	
005	EMPLOYEE BENEFITS	1,200		1,200	1,734	104,235	164
006 01	NONPATIENT TELEPHONES	646		646	54,407	197,059	4
006 02	DATA PROCESSING	598		598	5,393	254,782	6
006 03	PURCHASING, RECEIVING	1,400		1,400	1,579	217,810	3
006 04	ADMITTING	798		798	116	307,769	10
006 05	CASHIERING/ACCOUNTS R	1,127		1,127	12,882	840,607	29
006 06	ADMINISTRATIVE AND GE	13,989		13,989	31,469	1,096,220	9
008	OPERATION OF PLANT	14,448		14,448			1
009	LAUNDRY & LINEN SERVI	266		266			2
010	HOUSEKEEPING	1,559		1,559	543	408,745	8
011	DIETARY	7,608		7,608	7,129	751,190	6
012	CAFETERIA	2,541		2,541	55	113,896	8
014	NURSING ADMINISTRATIO	444		444	6,253	468,024	2
015	CENTRAL SERVICES & SU	3,420		3,420	1,915	107,581	3
016	PHARMACY	971		971		367,151	9
017	MEDICAL RECORDS & LIB	1,711		1,711	5,287	503,090	5
018	SOCIAL SERVICE	1,220		1,220	437	305,976	
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	34,777		34,777	65,603	5,819,918	11
031	INTENSIVE CARE UNIT	1,765		1,765	10,782	972,281	2
034	SUBPROVIDER						
037	SKILLED NURSING FACIL	6,332		6,332	12,330	561,742	2
040	ANCILLARY SRVC COST C						
041	OPERATING ROOM	7,880		7,880	30,659	778,139	5
044	ANESTHESIOLOGY				5,100	46,370	2
049	RADIOLOGY-DIAGNOSTIC	3,626		3,626	109,587	597,835	11
050	LABORATORY	1,685		1,685	8,101	758,765	10
053	RESPIRATORY THERAPY	842		842	15,772	658,423	4
055	PHYSICAL THERAPY	1,240		1,240	961	243,138	2
056	ELECTROCARDIOLOGY	913		913	10,099	140,131	1
057	MEDICAL SUPPLIES CHAR						
060	DRUGS CHARGED TO PATI						
061	RENAL DIALYSIS						
062	OUTPAT SERVICE COST C						
060 01	CLINIC						
061	PARTIAL HOSPITALIZATI	1,091		1,091	208	98,012	
062	EMERGENCY	2,137		2,137	8,799	792,826	9
070	OBSERVATION BEDS (NON						
095	OTHER REIMBURS COST C						
096	I&R SERVICES-NOT APPR						
098	SPEC PURPOSE COST CEN						
099	SUBTOTALS	116,234		116,234	408,773	17,511,715	164
100	NONREIMBURS COST CENT						
101	GIFT, FLOWER, COFFEE	220		220			
102	PHYSICIANS' PRIVATE O						
103	CROSS FOOT ADJUSTMENT						
104	NEGATIVE COST CENTER						
105	COST TO BE ALLOCATED			993,516	404,530	1,839,700	268,355
106	(WRKSHT B, PART I)						
107	UNIT COST MULTIPLIER			8.531403		.105055	
108	(WRKSHT B, PT I)				.989620		1,636.310976
109	COST TO BE ALLOCATED						
110	(WRKSHT B, PART II)						
111	UNIT COST MULTIPLIER						
112	(WRKSHT B, PT II)						
113	COST TO BE ALLOCATED					11,795	7,297
114	(WRKSHT B, PART III)						
115	UNIT COST MULTIPLIER					.000674	
116	(WRKSHT B, PT III)						44.493902

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		(MACHINE TIME	(SUPPLIES)EXPENSE	(INPATIENT)CHARGES	(GROSS)CHARGES	RECONCILIATION	(ACCUM. COST	(SQUARE)FEET
		6.02	6.03	6.04	6.05	6a.06	6.06	8
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING	4,105						
006	03 PURCHASING, RECEIVING	140	2,856,072					
006	04 ADMITTING	410	11,969	68,280,582				
006	05 CASHIERING/ACCOUNTS R	430	7,098		80,285,148			
006	06 ADMINISTRATIVE AND GE	1,580	11,726			-4,438,988	29,288,247	
008	OPERATION OF PLANT		239,615				3,081,777	82,248
009	LAUNDRY & LINEN SERVI						232,238	266
010	HOUSEKEEPING		72,657				642,897	1,559
011	DIETARY		1,008,674				993,435	7,608
012	CAFETERIA		14,028				278,924	2,541
014	NURSING ADMINISTRATIO	420	19,004				1,012,246	444
015	CENTRAL SERVICES & SU		290,684				302,406	3,420
016	PHARMACY	215	9,195				488,928	971
017	MEDICAL RECORDS & LIB	260	13,909				768,651	1,711
018	SOCIAL SERVICE		6,707				417,695	1,220
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS		181,283	21,007,183	21,007,183		8,082,138	34,777
026	INTENSIVE CARE UNIT		33,960	2,588,708	2,588,708		1,310,106	1,765
031	SUBPROVIDER							
034	SKILLED NURSING FACIL		24,199	1,466,556	1,466,556		866,287	6,332
	ANCILLARY SRVC COST C							
037	OPERATING ROOM		408,842	1,741,937	4,325,773		1,577,146	7,880
040	ANESTHESIOLOGY		17,269	453,482	1,040,177		106,553	
041	RADIOLOGY-DIAGNOSTIC	160	29,699	4,100,939	6,058,341		1,441,643	3,626
044	LABORATORY	490	369,420	12,038,860	15,524,480		2,120,806	1,685
049	RESPIRATORY THERAPY		37,981	7,716,180	7,986,333		986,717	842
050	PHYSICAL THERAPY		843	537,328	588,106		325,861	1,240
053	ELECTROCARDIOLOGY		3,522	1,663,627	2,072,598		234,216	913
055	MEDICAL SUPPLIES CHAR			2,681,467	2,762,764		426,584	
056	DRUGS CHARGED TO PATI			10,601,130	11,206,459		1,964,557	
057	RENAL DIALYSIS			81,179	81,179		64,774	
	OUTPAT SERVICE COST C							
060	CLINIC							
060	01 PARTIAL HOSPITALIZATI		3,058		1,007,808		148,076	1,091
061	EMERGENCY		40,730	1,602,006	2,568,683		1,411,709	2,137
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
070	I&R SERVICES-NOT APPR							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	4,105	2,856,072	68,280,582	80,285,148	-4,438,988	29,286,370	82,028
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE						1,877	220
098	PHYSICIANS' PRIVATE O							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	435,177	254,597	332,619	532,154		4,438,988	3,548,857
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.089142		.006628		.151562	
	(WRKSHT B, PT I)	106.011449		.004871				43.148247
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	59,255	21,212	14,658	18,747		156,850	173,826
	(WRKSHT B, PART III							
108	UNIT COST MULTIPLIER		.007427		.000234		.005355	
	(WRKSHT B, PT III)	14.434836		.000215				2.113437

	COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY (MEALS)SERVED	CAFETERIA (FTE)	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED)REQUISITIO	
		(POUNDS OF LAUNDRY	(HOURS OF)SERVICE			(DIRECT)NRSNG SALAR	(COSTED)REQUISITIO	(COSTED)REQUISITIO	
		9	10	11	12	14	15	16	
001	GENERAL SERVICE COST								
002	OLD CAP REL COSTS-BLD								
003	OLD CAP REL COSTS-MVB								
004	NEW CAP REL COSTS-BLD								
005	NEW CAP REL COSTS-MVB								
006	EMPLOYEE BENEFITS								
006	01 NONPATIENT TELEPHONES								
006	02 DATA PROCESSING								
006	03 PURCHASING, RECEIVING								
006	04 ADMITTING								
006	05 CASHIERING/ACCOUNTS R								
006	06 ADMINISTRATIVE AND GE								
008	OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVI	432,749							
010	HOUSEKEEPING	1,417	40,164						
011	DIETARY		1,158	96,642					
012	CAFETERIA	1,417	79		26,755				
014	NURSING ADMINISTRATIO		585		601	6,452,443			
015	CENTRAL SERVICES & SU		671		446	62,939	100		
016	PHARMACY	1,417			589				100
017	MEDICAL RECORDS & LIB		267		1,160	180,650			
018	SOCIAL SERVICE				805				
025	INPAT ROUTINE SRVC CN								
026	ADULTS & PEDIATRICS	264,999	18,891	81,216	12,453	3,467,555			
031	INTENSIVE CARE UNIT	25,210	1,332	4,663	1,709	853,391			
034	SUBPROVIDER								
037	SKILLED NURSING FACIL	34,983	3,092	10,763	1,350	473,956			
040	ANCILLARY SRVC COST C								
041	OPERATING ROOM	26,993	6,445		1,198	520,625			
044	ANESTHESIOLOGY				36	46,370			
049	RADIOLOGY-DIAGNOSTIC	17,062	1,645		1,126	21,536			
050	LABORATORY		1,974		1,897	23,904			
053	RESPIRATORY THERAPY	1,417	526		1,353	15,882			
055	PHYSICAL THERAPY	12,604	610		287				
056	ELECTROCARDIOLOGY	28,726			304				
057	MEDICAL SUPPLIES CHAR						100		
060	DRUGS CHARGED TO PATI								100
060	RENAL DIALYSIS								
060	OUTPAT SERVICE COST C								
060	01 CLINIC								
061	PARTIAL HOSPITALIZATI				228	1,041			
062	EMERGENCY	16,504	2,645		1,213	784,594			
070	OBSERVATION BEDS (NON								
095	OTHER REIMBURS COST C								
096	I&R SERVICES-NOT APPR								
098	SPEC PURPOSE COST CEN								
101	SUBTOTALS	432,749	39,920	96,642	26,755	6,452,443	100		100
102	NONREIMBURS COST CENT								
103	GIFT, FLOWER, COFFEE		244						
104	PHYSICIANS' PRIVATE O								
105	CROSS FOOT ADJUSTMENT								
106	NEGATIVE COST CENTER								
107	COST TO BE ALLOCATED	278,913	808,517	1,495,585	433,341	1,206,332	528,304	615,381	
108	(WRKSHT B, PART I)								
109	UNIT COST MULTIPLIER		20.130390		16.196636		5,283.040000		
110	(WRKSHT B, PT I)	.644514		15.475518		.186957		6,153.810000	
111	COST TO BE ALLOCATED								
112	(WRKSHT B, PART II)								
113	UNIT COST MULTIPLIER								
114	(WRKSHT B, PT II)								
115	COST TO BE ALLOCATED	4,119	21,492	102,334	29,099	24,177	57,633	17,159	
116	(WRKSHT B, PART III)								
117	UNIT COST MULTIPLIER		.535106		1.087610		576.330000		
118	(WRKSHT B, PT III)	.009518		1.058898		.003747		171.590000	

	GENERAL SERVICE COST		
001	OLD CAP REL COSTS-BLD		
002	OLD CAP REL COSTS-MVB		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006 01	NONPATIENT TELEPHONES		
006 02	DATA PROCESSING		
006 03	PURCHASING, RECEIVING		
006 04	ADMITTING		
006 05	CASHIERING/ACCOUNTS R		
006 06	ADMINISTRATIVE AND GE		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB	32,012	
018	SOCIAL SERVICE		32,012
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	27,072	27,072
026	INTENSIVE CARE UNIT	1,865	1,865
031	SUBPROVIDER		
034	SKILLED NURSING FACIL	3,075	3,075
	ANCILLARY SRVC COST C		
037	OPERATING ROOM		
040	ANESTHESIOLOGY		
041	RADIOLOGY-DIAGNOSTIC		
044	LABORATORY		
049	RESPIRATORY THERAPY		
050	PHYSICAL THERAPY		
053	ELECTROCARDIOLOGY		
055	MEDICAL SUPPLIES CHAR		
056	DRUGS CHARGED TO PATI		
057	RENAL DIALYSIS		
	OUTPAT SERVICE COST C		
060	CLINIC		
060 01	PARTIAL HOSPITALIZATI		
061	EMERGENCY		
062	OBSERVATION BEDS (NON		
	OTHER REIMBURS COST C		
070	I&R SERVICES-NOT APPR		
	SPEC PURPOSE COST CEN		
095	SUBTOTALS	32,012	32,012
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
098	PHYSICIANS' PRIVATE O		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	1,016,913	546,681
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		17.077377
	(WRKSHT B, PT I)	31.766619	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		
107	COST TO BE ALLOCATED	34,238	17,009
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		.531332
	(WRKSHT B, PT III)	1.069536	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	21,007,183		21,007,183			
31	INTENSIVE CARE UNIT	2,588,708		2,588,708			
34	SUBPROVIDER						
	SKILLED NURSING FACILITY	1,466,556		1,466,556			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,741,937	2,583,836	4,325,773	.559452	.559452	.559452
40	ANESTHESIOLOGY	453,482	586,695	1,040,177	.126857	.126857	.126857
41	RADIOLOGY-DIAGNOSTIC	4,100,939	1,957,403	6,058,342	.310806	.310806	.310806
44	LABORATORY	12,038,860	3,485,620	15,524,480	.166825	.166825	.166825
49	RESPIRATORY THERAPY	7,716,180	270,153	7,986,333	.151381	.151381	.151381
50	PHYSICAL THERAPY	537,328	50,778	588,106	.771636	.771636	.771636
53	ELECTROCARDIOLOGY	1,663,627	408,971	2,072,598	.160449	.160449	.160449
55	MEDICAL SUPPLIES CHARGED	2,681,467	81,297	2,762,764	.369030	.369030	.369030
56	DRUGS CHARGED TO PATIENTS	10,601,130	605,329	11,206,459	.256789	.256789	.256789
57	RENAL DIALYSIS	81,179		81,179	.918846	.918846	.918846
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION		1,007,808	1,007,808	.219766	.219766	.219766
61	EMERGENCY	1,602,006	966,677	2,568,683	.758401	.758401	.758401
62	OBSERVATION BEDS (NON-DIS	5,276	293,227	298,503	.632305	.632305	.632305
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	68,285,858	12,297,794	80,583,652			
102	LESS OBSERVATION BEDS						
103	TOTAL	68,285,858	12,297,794	80,583,652			

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	21,007,183		21,007,183			
31	INTENSIVE CARE UNIT	2,588,708		2,588,708			
34	SUBPROVIDER						
37	SKILLED NURSING FACILITY	1,466,556		1,466,556			
40	ANCILLARY SRVC COST CNTRS						
41	OPERATING ROOM	1,741,937	2,583,836	4,325,773	.559452	.559452	.559452
44	ANESTHESIOLOGY	453,482	586,695	1,040,177	.126857	.126857	.126857
49	RADIOLOGY-DIAGNOSTIC	4,100,939	1,957,403	6,058,342	.310806	.310806	.310806
50	LABORATORY	12,038,860	3,485,620	15,524,480	.166825	.166825	.166825
53	RESPIRATORY THERAPY	7,716,180	270,153	7,986,333	.151381	.151381	.151381
55	PHYSICAL THERAPY	537,328	50,778	588,106	.771636	.771636	.771636
56	ELECTROCARDIOLOGY	1,663,627	408,971	2,072,598	.160449	.160449	.160449
57	MEDICAL SUPPLIES CHARGED	2,681,467	81,297	2,762,764	.369030	.369030	.369030
60	DRUGS CHARGED TO PATIENTS	10,601,130	605,329	11,206,459	.256789	.256789	.256789
61	RENAL DIALYSIS	81,179		81,179	.918846	.918846	.918846
62	OUTPAT SERVICE COST CNTRS						
101	CLINIC						
102	01 PARTIAL HOSPITALIZATION		1,007,808	1,007,808	.219766	.219766	.219766
103	EMERGENCY	1,602,006	966,677	2,568,683	.758401	.758401	.758401
	OBSERVATION BEDS (NON-DIS	5,276	293,227	298,503	.632305	.632305	.632305
	OTHER REIMBURS COST CNTRS						
	SUBTOTAL	68,285,858	12,297,794	80,583,652			
	LESS OBSERVATION BEDS						
	TOTAL	68,285,858	12,297,794	80,583,652			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,420,064	134,953	2,285,111			2,420,064
40	ANESTHESIOLOGY	131,954	10,296	121,658			131,954
41	RADIOLOGY-DIAGNOSTIC	1,882,971	164,015	1,718,956			1,882,971
44	LABORATORY	2,589,876	142,860	2,447,016			2,589,876
49	RESPIRATORY THERAPY	1,208,982	89,783	1,119,199			1,208,982
50	PHYSICAL THERAPY	453,804	17,167	436,637			453,804
53	ELECTROCARDIOLOGY	332,546	22,578	309,968			332,546
55	MEDICAL SUPPLIES CHARGED	1,019,542	61,140	958,402			1,019,542
56	DRUGS CHARGED TO PATIENTS	2,877,690	32,580	2,845,110			2,877,690
57	RENAL DIALYSIS	74,591	383	74,208			74,591
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION	221,482	13,190	208,292			221,482
61	EMERGENCY	1,948,092	47,029	1,901,063			1,948,092
62	OBSERVATION BEDS (NON-DIS	188,745	8,450	180,295			188,745
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,350,339	744,424	14,605,915			15,350,339
102	LESS OBSERVATION BEDS	188,745	8,450	180,295			188,745
103	TOTAL	15,161,594	735,974	14,425,620			15,161,594

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	4,325,773	.559452	.559452
40	ANESTHESIOLOGY	1,040,177	.126857	.126857
41	RADIOLOGY-DIAGNOSTIC	6,058,342	.310806	.310806
44	LABORATORY	15,524,480	.166825	.166825
49	RESPIRATORY THERAPY	7,986,333	.151381	.151381
50	PHYSICAL THERAPY	588,106	.771636	.771636
53	ELECTROCARDIOLOGY	2,072,598	.160449	.160449
55	MEDICAL SUPPLIES CHARGED	2,762,764	.369030	.369030
56	DRUGS CHARGED TO PATIENTS	11,206,459	.256789	.256789
57	RENAL DIALYSIS	81,179	.918846	.918846
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 PARTIAL HOSPITALIZATION	1,007,808	.219766	.219766
61	EMERGENCY	2,568,683	.758401	.758401
62	OBSERVATION BEDS (NON-DIS	298,503	.632305	.632305
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	55,521,205		
102	LESS OBSERVATION BEDS	298,503		
103	TOTAL	55,222,702		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,420,064	134,953	2,285,111	13,495	132,536	2,274,033
40	ANESTHESIOLOGY	131,954	10,296	121,658	1,030	7,056	123,868
41	RADIOLOGY-DIAGNOSTIC	1,882,971	164,015	1,718,956	16,402	99,699	1,766,870
44	LABORATORY	2,589,876	142,860	2,447,016	14,286	141,927	2,433,663
49	RESPIRATORY THERAPY	1,208,982	89,783	1,119,199	8,978	64,914	1,135,090
50	PHYSICAL THERAPY	453,804	17,167	436,637	1,717	25,325	426,762
53	ELECTROCARDIOLOGY	332,546	22,578	309,968	2,258	17,978	312,310
55	MEDICAL SUPPLIES CHARGED	1,019,542	61,140	958,402	6,114	55,587	957,841
56	DRUGS CHARGED TO PATIENTS	2,877,690	32,580	2,845,110	3,258	165,016	2,709,416
57	RENAL DIALYSIS	74,591	383	74,208	38	4,304	70,249
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION	221,482	13,190	208,292	1,319	12,081	208,082
61	EMERGENCY	1,948,092	47,029	1,901,063	4,703	110,262	1,833,127
62	OBSERVATION BEDS (NON-DIS	188,745	8,450	180,295	845	10,457	177,443
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,350,339	744,424	14,605,915	74,443	847,142	14,428,754
102	LESS OBSERVATION BEDS	188,745	8,450	180,295	845	10,457	177,443
103	TOTAL	15,161,594	735,974	14,425,620	73,598	836,685	14,251,311

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	4,325,773	.525694	.556333
40	ANESTHESIOLOGY	1,040,177	.119084	.125867
41	RADIOLOGY-DIAGNOSTIC	6,058,342	.291642	.308099
44	LABORATORY	15,524,480	.156763	.165905
49	RESPIRATORY THERAPY	7,986,333	.142129	.150257
50	PHYSICAL THERAPY	588,106	.725655	.768717
53	ELECTROCARDIOLOGY	2,072,598	.150685	.159359
55	MEDICAL SUPPLIES CHARGED	2,762,764	.346697	.366817
56	DRUGS CHARGED TO PATIENTS	11,206,459	.241773	.256498
57	RENAL DIALYSIS	81,179	.865359	.918378
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 PARTIAL HOSPITALIZATION	1,007,808	.206470	.218457
61	EMERGENCY	2,568,683	.713645	.756570
62	OBSERVATION BEDS (NON-DIS	298,503	.594443	.629474
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	55,521,205		
102	LESS OBSERVATION BEDS	298,503		
103	TOTAL	55,222,702		

Health Financial Systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: 14-0197 I PERIOD: FROM 10/ 1/2007 TO 9/30/2008 I PREPARED 2/25/2009 I WORKSHEET D I PART I

TITLE XVIII, PART A PPS

WKST A	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				662,034		662,034
31	INTENSIVE CARE UNIT				52,567		52,567
101	SUBPROVIDER						
	TOTAL				714,601		714,601

Health Financial Systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009

I 14-0197 I FROM 10/ 1/2007 I WORKSHEET D

I I TO 9/30/2008 I PART I

TITLE XVIII, PART A PPS

WKST A	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	27,422	13,581			24.14	327,845
26	ADULTS & PEDIATRICS	1,865	1,206			28.19	33,997
31	INTENSIVE CARE UNIT						
101	SUBPROVIDER						
	TOTAL	29,287	14,787				361,842

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM		134,953	4,325,773	1,022,831		
41	ANESTHESIOLOGY		10,296	1,040,177	273,889		
44	RADIOLOGY-DIAGNOSTIC		164,015	6,058,342	2,327,586		
49	LABORATORY		142,860	15,524,480	6,333,352		
50	RESPIRATORY THERAPY		89,783	7,986,333	4,689,644		
53	PHYSICAL THERAPY		17,167	588,106	111,692		
55	ELECTROCARDIOLOGY		22,578	2,072,598	988,163		
56	MEDICAL SUPPLIES CHARGED		61,140	2,762,764	822,188		
57	DRUGS CHARGED TO PATIENTS		32,580	11,206,459	5,152,171		
	RENAL DIALYSIS		383	81,179	54,859		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSPITALIZATION		13,190	1,007,808			
61	EMERGENCY		47,029	2,568,683	1,096,785		
62	OBSERVATION BEDS (NON-DIS		8,450	298,503	3,216		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		744,424	55,521,205	22,876,376		

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031197	31,909
40	ANESTHESIOLOGY	.009898	2,711
41	RADIOLOGY-DIAGNOSTIC	.027073	63,015
44	LABORATORY	.009202	58,280
49	RESPIRATORY THERAPY	.011242	52,721
50	PHYSICAL THERAPY	.029190	3,260
53	ELECTROCARDIOLOGY	.010894	10,765
55	MEDICAL SUPPLIES CHARGED	.022130	18,195
56	DRUGS CHARGED TO PATIENTS	.002907	14,977
57	RENAL DIALYSIS	.004718	259
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	PARTIAL HOSPITALIZATION	.013088	
61	EMERGENCY	.018309	20,081
62	OBSERVATION BEDS (NON-DIS	.028308	91
	OTHER REIMBURS COST CNTRS		
101	TOTAL		276,264

PPS

Health Financial Systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009

SERVICE OTHER PASS THROUGH COSTS I 14-0197 I FROM 10/ 1/2007 I WORKSHEET D

TITLE XVIII, PART A I I TO 9/30/2008 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS					27,422	
26	ADULTS & PEDIATRICS					1,865	
31	INTENSIVE CARE UNIT						
34	SUBPROVIDER					3,075	
101	SKILLED NURSING FACILITY					32,362	
	TOTAL						

Health Financial Systems	MCRIF32	FOR METHODIST HOSPITAL OF CHICAGO	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD:
SERVICE OTHER PASS THROUGH COSTS		I 14-0197	I FROM 10/ 1/2007
TITLE XVIII, PART A			I TO 9/30/2008
			I PREPARED 2/25/2009
			I WORKSHEET D
			I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	13,581	
26	INTENSIVE CARE UNIT	1,206	
31	SUBPROVIDER		
34	SKILLED NURSING FACILITY	3,047	
101	TOTAL	17,834	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	PARTIAL HOSPITALIZATION					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

Health Financial systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009
 OTHER PASS THROUGH COSTS I 14-0197 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART IV
 I 14-0197 I

TITLE XVIII, PART A		HOSPITAL		PPS				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			4,325,773			1,022,831	
40	ANESTHESIOLOGY			1,040,177			273,889	
41	RADIOLOGY-DIAGNOSTIC			6,058,342			2,327,586	
44	LABORATORY			15,524,480			6,333,352	
49	RESPIRATORY THERAPY			7,986,333			4,689,644	
50	PHYSICAL THERAPY			588,106			111,692	
53	ELECTROCARDIOLOGY			2,072,598			988,163	
55	MEDICAL SUPPLIES CHARGED			2,762,764			822,188	
56	DRUGS CHARGED TO PATIENTS			11,206,459			5,152,171	
57	RENAL DIALYSIS			81,179			54,859	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 PARTIAL HOSPITALIZATION			1,007,808				
61	EMERGENCY			2,568,683			1,096,785	
62	OBSERVATION BEDS (NON-DIS			298,503			3,216	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			55,521,205			22,876,376	

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	335,208	1,005,625				
40	ANESTHESIOLOGY	74,272	222,817				
41	RADIOLOGY-DIAGNOSTIC	193,315	579,944				
44	LABORATORY	171,748	515,243				
49	RESPIRATORY THERAPY	26,510	79,531				
50	PHYSICAL THERAPY	803	2,409				
53	ELECTROCARDIOLOGY	46,713	140,138				
55	MEDICAL SUPPLIES CHARGED	9,161	27,484				
56	DRUGS CHARGED TO PATIENTS	86,268	258,803				
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSPITALIZATION	101,797	305,390				
61	EMERGENCY	100,384	301,153				
62	OBSERVATION BEDS (NON-DIS	22,703	68,110				
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,168,882	3,506,647				

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.559452	.559452			
40	ANESTHESIOLOGY	.126857	.126857			
41	RADIOLOGY-DIAGNOSTIC	.310806	.310806			
44	LABORATORY	.166825	.166825			
49	RESPIRATORY THERAPY	.151381	.151381			
50	PHYSICAL THERAPY	.771636	.771636			
53	ELECTROCARDIOLOGY	.160449	.160449			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.369030	.369030			
56	DRUGS CHARGED TO PATIENTS	.256789	.256789			
57	RENAL DIALYSIS	.918846	.918846			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PARTIAL HOSPITALIZATION	.219766	.219766			
61	EMERGENCY	.758401	.758401			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.632305	.632305			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS--					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		335,208		1,005,625	
40	ANESTHESIOLOGY		74,272		222,817	
41	RADIOLOGY-DIAGNOSTIC		193,315		579,944	
44	LABORATORY		171,748		515,243	
49	RESPIRATORY THERAPY		26,510		79,531	
50	PHYSICAL THERAPY		803		2,409	
53	ELECTROCARDIOLOGY		46,713		140,138	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,161		27,484	
56	DRUGS CHARGED TO PATIENTS		86,268		258,803	
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PARTIAL HOSPITALIZATION		101,797		305,390	
61	EMERGENCY		100,384		301,153	
62	OBSERVATION BEDS (NON-DISTINCT PART)		22,703		68,110	
101	SUBTOTAL		1,168,882		3,506,647	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		1,168,882		3,506,647	

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				187,533	
40 ANESTHESIOLOGY				9,422	
41 RADIOLOGY-DIAGNOSTIC				60,083	
44 LABORATORY				28,652	
49 RESPIRATORY THERAPY				4,013	
50 PHYSICAL THERAPY				620	
53 ELECTROCARDIOLOGY				7,495	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,381	
56 DRUGS CHARGED TO PATIENTS				22,153	
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSPITALIZATION				22,372	
61 EMERGENCY				76,131	
62 OBSERVATION BEDS (NON-DISTINCT PART)				14,355	
101 SUBTOTAL				436,210	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				436,210	

TITLE XVIII, PART B

HOSPITAL

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	562,599		
40 ANESTHESIOLOGY	28,266		
41 RADIOLOGY-DIAGNOSTIC	180,250		
44 LABORATORY	85,955		
49 RESPIRATORY THERAPY	12,039		
50 PHYSICAL THERAPY	1,859		
53 ELECTROCARDIOLOGY	22,485		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,142		
56 DRUGS CHARGED TO PATIENTS	66,458		
57 RENAL DIALYSIS			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PARTIAL HOSPITALIZATION	67,114		
61 EMERGENCY	228,395		
62 OBSERVATION BEDS (NON-DISTINCT PART)	43,066		
101 SUBTOTAL	1,308,628		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	1,308,628		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO
		1	2	3	4	5
	ANCILLARY SRVC COST CNTRS					6
37	OPERATING ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	PARTIAL HOSPITALIZATION					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

Health Financial Systems	MCRIF32	FOR METHODIST HOSPITAL OF CHICAGO	IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE	CAPITAL COSTS	I PROVIDER NO: 14-0197	I PERIOD: FROM 10/ 1/2007 TO 9/30/2008
		I COMPONENT NO: 14-5672	I PREPARED 2/25/2009 WORKSHEET D PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
57	RENAL DIALYSIS	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
60 01	PARTIAL HOSPITALIZATION	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	

Health Financial Systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009
 OTHER PASS THROUGH COSTS I 14-0197 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART IV
 I 14-5672 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009
 OTHER PASS THROUGH COSTS I 14-0197 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART IV
 I 14-5672 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			4,325,773			25,664	
40	ANESTHESIOLOGY			1,040,177			2,028	
41	RADIOLOGY-DIAGNOSTIC			6,058,342			206,989	
44	LABORATORY			15,524,480			761,588	
49	RESPIRATORY THERAPY			7,986,333			749,292	
50	PHYSICAL THERAPY			588,106			365,205	
53	ELECTROCARDIOLOGY			2,072,598			52,858	
55	MEDICAL SUPPLIES CHARGED			2,762,764			1,046,443	
56	DRUGS CHARGED TO PATIENTS			11,206,459			1,306,926	
57	RENAL DIALYSIS			81,179				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	PARTIAL HOSPITALIZATION			1,007,808				
61	EMERGENCY			2,568,683				
62	OBSERVATION BEDS (NON-DIS			298,503				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			55,521,205			4,516,993	

Health Financial Systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009
 OTHER PASS THROUGH COSTS I 14-0197 I FROM 10/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2008 I PART IV
 I 14-5672 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	27,422
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	27,422
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,422
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,581
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,787,885
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,787,885

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21,007,183
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21,007,183
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.703944
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	766.07
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14,787,885

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 539.27
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,323,826
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,323,826

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,978,370	1,865	1,060.79	1,206	1,279,313
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					5,852,294
49 TOTAL PROGRAM INPATIENT COSTS					14,455,433

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 361,842
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 276,264
 52 TOTAL PROGRAM EXCLUDABLE COST 638,106
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 13,817,327

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		14,787,885		188,745	
87	NEW CAPITAL-RELATED COST	662,034	14,787,885	.044769	188,745	8,450
88	NON PHYSICIAN ANESTHETIST		14,787,885		188,745	
89	MEDICAL EDUCATION		14,787,885		188,745	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,075
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,075
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,075
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,047
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,782,820
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,782,820

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,466,556
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,466,556
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.215651
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	476.93
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,782,820

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A		HOSPITAL		PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS		10,630,178		
31	INTENSIVE CARE UNIT		1,670,310		
	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.559452	1,022,831	572,225	
40	ANESTHESIOLOGY	.126857	273,889	34,745	
41	RADIOLOGY-DIAGNOSTIC	.310806	2,327,586	723,428	
44	LABORATORY	.166825	6,333,352	1,056,561	
49	RESPIRATORY THERAPY	.151381	4,689,644	709,923	
50	PHYSICAL THERAPY	.771636	111,692	86,186	
53	ELECTROCARDIOLOGY	.160449	988,163	158,550	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.369030	822,188	303,412	
56	DRUGS CHARGED TO PATIENTS	.256789	5,152,171	1,323,021	
57	RENAL DIALYSIS	.918846	54,859	50,407	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 PARTIAL HOSPITALIZATION	.219766			
61	EMERGENCY	.758401	1,096,785	831,803	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.632305	3,216	2,033	
	OTHER REIMBURS COST CNTRS				
101	TOTAL		22,876,376	5,852,294	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		22,876,376		

Health Financial Systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009

I 14-0197 I FROM 10/ 1/2007 I WORKSHEET D-4

I COMPONENT NO: I TO 9/30/2008 I

I 14-5672 I

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.559452	25,664	14,358
40	ANESTHESIOLOGY	.126857	2,028	257
41	RADIOLOGY-DIAGNOSTIC	.310806	206,989	64,333
44	LABORATORY	.166825	761,588	127,052
49	RESPIRATORY THERAPY	.151381	749,292	113,429
50	PHYSICAL THERAPY	.771636	365,205	281,805
53	ELECTROCARDIOLOGY	.160449	52,858	8,481
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.369030	1,046,443	386,169
56	DRUGS CHARGED TO PATIENTS	.256789	1,306,926	335,604
57	RENAL DIALYSIS	.918846		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 PARTIAL HOSPITALIZATION	.219766		
61	EMERGENCY	.758401		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.632305		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,516,993	1,331,488
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		4,516,993	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

		1	1.01
1	DRG AMOUNT		
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 AND BEFORE JANUARY 1	3,124,904	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	9,374,713	
	MANAGED CARE PATIENTS		
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	71,241	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	169.04	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
	E-3 PT 6 LN 15 PLUS LN 3.06		
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23		
	PLUS E-3, PT VI, LINE 23		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	19.68	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	47.82	
4.02	SUM OF LINES 4 AND 4.01	67.50	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	44.90	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	5,612,328	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	335.00
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	18,183,186
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	18,183,186
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,225,988
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	19,409,174
17	PRIMARY PAYER PAYMENTS	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,409,174
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,255,028
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	298,168
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	399,031
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	279,322
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	393,336
22	SUBTOTAL	18,135,300
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	18,135,300
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	16,799,095
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	1,336,205
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
----- FI ONLY -----		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	436,210	1,308,628
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	373,071	1,119,213
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.776	.776
1.04	LINE 1.01 TIMES LINE 1.03.	338,499	1,015,495
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,492,284	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	419,810	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,072,474	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	1,072,474	
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL	1,072,474	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	160,920	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	112,644	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	157,473	
28	SUBTOTAL	1,185,118	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	1,185,118	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	1,186,090	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-972	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		

HOSPITAL

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

TO BE COMPLETED BY INTERMEDIARY
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.
IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

	SUBTOTAL		.99
6	DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01
	AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02
	BASED ON COST REPORT (1)		
7	TOTAL MEDICARE PROGRAM LIABILITY		

DATE: 4/24/2014 / 11:11 / 11:11

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1,023,099		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,023,099		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01				
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			1,121,535
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			1,121,535
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			1,121,535
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			1,121,535
38	COINSURANCE			98,436
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			1,023,099
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			1,023,099
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,023,099
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			1,023,099
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRIF32 FOR METHODIST HOSPITAL OF CHICAGO IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/25/2009
I	14-0197	I	FROM 10/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2008	I	PART III
I	14-5672	I		I	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,254,483			
2 TEMPORARY INVESTMENTS	3,740,079			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	8,370,680			
5 OTHER RECEIVABLES	3,710,863			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,861,175			
7 INVENTORY	496,591			
8 PREPAID EXPENSES	579,152			
9 OTHER CURRENT ASSETS	260,000			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	18,550,673			
FIXED ASSETS				
12 LAND	6,072,575			
12.01 LAND IMPROVEMENTS	2,590,284			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	90,865,482			
14.01 LESS ACCUMULATED DEPRECIATION	-64,814,103			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	16,021,223			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	50,735,461			
OTHER ASSETS				
22 INVESTMENTS	10,228,791			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	7,584,597			
26 TOTAL OTHER ASSETS	17,813,388			
27 TOTAL ASSETS	87,099,522			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,050,418			
29 SALARIES, WAGES & FEES PAYABLE	3,620,930			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,425,409			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	25,099			
35 OTHER CURRENT LIABILITIES	1,801,990			
36 TOTAL CURRENT LIABILITIES	11,923,846			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	47,801,021			
42 TOTAL LONG-TERM LIABILITIES	47,801,021			
43 TOTAL LIABILITIES	59,724,867			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	27,374,655			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	27,374,655			
52 TOTAL LIABILITIES AND FUND BALANCES	87,099,522			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		28,056,622
2 OF PERIOD		
3 NET INCOME (LOSS)		-988,977
4 TOTAL		27,067,645
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONAL PENSION LIABIL	255,494	
7 CONTRIBUTIONS	82,338	
8		
9		
10 TOTAL ADDITIONS		337,832
11 SUBTOTAL		27,405,477
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 NET ASSETS RELEASED FROM	30,822	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		30,822
19 FUND BALANCE AT END OF		27,374,655
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONAL PENSION LIABIL		
7 CONTRIBUTIONS		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 NET ASSETS RELEASED FROM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00	HOSPITAL	21,007,183		21,007,183
2 00	SUBPROVIDER			
4 00	SWING BED - SNF			
5 00	SWING BED - NF			
6 00	SKILLED NURSING FACILITY	1,466,556		1,466,556
9 00	TOTAL GENERAL INPATIENT ROUTINE CARE	22,473,739		22,473,739
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00	INTENSIVE CARE UNIT	2,588,708		2,588,708
15 00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,588,708		2,588,708
16 00	TOTAL INPATIENT ROUTINE CARE SERVICE	25,062,447		25,062,447
17 00	ANCILLARY SERVICES	41,616,129	10,030,081	51,646,210
18 00	OUTPATIENT SERVICES	1,607,282	2,267,712	3,874,994
24 00				
25 00	TOTAL PATIENT REVENUES	68,285,858	12,297,793	80,583,651

PART II-OPERATING EXPENSES

26	00 OPERATING EXPENSES		34,295,896
	ADD (SPECIFY)		
27	00 AFFILIATES	26,778,482	
28	00 PROVISION FOR DOUBTFUL ACCTS	1,335,433	
29	00 AUDIT AJES	672,003	
30	00 ROUNDING	3,060	
31	00		
32	00		
33	00 TOTAL ADDITIONS		28,788,978
	DEDUCT (SPECIFY)		
34	00 FUNDRAISIN	39,147	
35	00		
36	00		
37	00		
38	00		
39	00 TOTAL DEDUCTIONS		39,147
40	00 TOTAL OPERATING EXPENSES		63,045,727

DESCRIPTION		
1	TOTAL PATIENT REVENUES	80,583,651
2	LESS: ALLOWANCES AND DISCOUNTS ON	18,901,073
3	NET PATIENT REVENUES	61,682,578
4	LESS: TOTAL OPERATING EXPENSES	63,045,727
5	NET INCOME FROM SERVICE TO PATIENT	-1,363,149
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	870,906
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	487,845
24.01	NET ASSETS RELEASED FROM RESTR	30,822
24.02	UNRESTRICTED CONTRIBUTIONS	82,544
24.03		
24.04		
25	TOTAL OTHER INCOME	1,472,117
26	TOTAL	108,968
	OTHER EXPENSES	
27	FUNDRAISING EXP	39,147
28	NET UNREALIZED GAINS/LOSSES ON TRADG	1,058,798
29		
30	TOTAL OTHER EXPENSES	1,097,945
31	NET INCOME (OR LOSS) FOR THE PERIO	-988,977

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,066,210
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	3,578
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	79.06
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	19.68
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	47.82
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	67.50
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	14.65
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	156,200
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,225,988

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	